

## **Hospital Palliative Care Advisory Group**

**January 29, 2014**

### **Meeting Summary**

**Attendance (based on sign in sheet and phone introductions):** Regina Bodnar (phone); Isaac Braun; Sandra Brownell (phone); Pat Cameron; Yvonne D’Arcy; Joan Daugherty; Syndey Dy (phone); Peter Graze; Cathy Hamel; Oscar Ibarra; Chuck Leger; Cathy Livingston; Susan Lyons; Rene Mayo; Angela Ries; Mary Rossi-Coajou (phone) Barbara Spencer; Nicole Stallings; Jaya Vijayan; Katherine Walker; Julie Wright; Ivan Zama

**MHCC Staff:** Erin Dorrien; Rebecca Goldman; Bruce Kozlowski; Paul Parker; Srinivas Sridhara; Ben Steffen

#### Welcome and introductions:

Paul Parker welcomed the hospital representatives and other members to the second meeting of the Hospital Palliative Care Advisory Group. Ten hospitals were represented including: Carroll Hospital Center; Doctor’s Community Hospital; Greater Baltimore Medical Center; Holy Cross Hospital; Johns Hopkins Hospital; MedStar Union Memorial Hospital; Meritus Medical Center; Peninsula Regional Medical Center; Suburban Hospital; and Upper Chesapeake Medical Center. Since the previous meeting, Union Hospital of Cecil County has chosen to not participate in this pilot study.

#### Results of core measure survey:

Rebecca Goldman summarized the results of the core measure survey distributed after the previous meeting and thanked all hospitals for participating. A handout was distributed that displays responses Staff received from the pilot programs regarding which data measures are collected currently, could be collected, and would be impossible to collect. This information will aid in designing the study. Staff will consider the availability of certain data across hospitals to determine how to best address the charges in the legislation – namely, addressing questions on palliative care patient population, palliative care program organization/structure, patient outcomes, program costs, and patient satisfaction.

At this point, these results will be used only to help design the study. If the results are shared outside of this group at a future time, pilot hospitals will be encouraged to review the compiled responses and address any misinterpretations or inaccuracies displayed in the handout. Several inaccuracies discussed at the meeting will be corrected. However, since Staff is looking for overall trends in the responses, it is unlikely that those particular changes will impact the findings significantly.

#### Use of Center to Advance Palliative Care (CAPC) survey data:

Mr. Parker announced that Commission Staff and CAPC Staff have developed an agreement under which hospitals will send written consent to Rachel Augustin at CAPC to grant Commission Staff access to the CAPC annual survey data. This agreed-upon language was provided to the pilot hospitals. Emailing this

agreement with the appropriate signatures to Rachel Augustin is sufficient. Rebecca Goldman requests that hospitals also copy her or forward that agreement to her, so Commission Staff has those records.

Mr. Parker reminded those in attendance that CAPC is collecting data for 2012 and all participating pilot hospitals are expected to be registered with CAPC and participate in this survey starting this year for the 2012 collection. Parker asked that hospitals answer as many questions on the survey as possible. All participating hospitals have agreed to this thus far.

#### Use of Health Services Cost Review Commission (HSCRC) discharge data:

In designing this study, Commission Staff would like to utilize existing data sources and data collection processes available as much as possible, considering the limited resources for this project. Many of the patient-level core data measures in which Commission Staff have interest are already collected at HSCRC. That data is available to Commission Staff. As previously discussed, we are aware of incongruence between patients coded for palliative care under the V66.7 code and patients who are treated by the palliative care teams represented in the pilot study.

Mr. Parker introduced HSCRC staff member Oscar Ibarra and the idea of adding a separate “flag” to the data collection process that could allow palliative care staff members at each pilot hospital to identify patients treated by their palliative care team. Mr. Ibarra indicated that this was possible; flags are added to the process for purposes similar to our needs. Several members of the pilot hospitals group had questions about the implementation of this process on the ground-level at the hospital. The group briefly discussed several possibilities to address identifying patients. This discussion will have to include the HSCRC data contacts, if pursued. Commission Staff will work with HSCRC Staff following the meeting. Commission Staff will follow-up with hospitals on this process.

#### Study design:

The group continued discussion of several different components of the pilot study. In order to address specific issues in a more effective way, the group developed the following subcommittees with volunteer participation from the following members:

**Discharge Database Subcommittee** – To address defining the appropriate patient population for this pilot study and how to best utilize existing data to answer study questions regarding patient demographics, profiles, and patient access.

Members: Jaya Vijayan, Cathy Hamel, Yvonne D’Arcy, Joan Daugherty, Katherine Walker

**Standards/Best Practices Subcommittee** – To address disparities between Joint Commission standards and standards and practices that currently exist in pilot hospitals.

Members: Cathy Hamel, Rene Mayo, Nicole Stallings, Julie Wright, Ivan Zama

**Outpatient Program Research Subcommittee** – To address knowledge on hospital-based and non-hospital-based outpatient program use, outcomes, and research possibilities to answer study questions regarding access, efficiency, and cost savings.

Members: Cathy Hamel, Joan Daugherty, Sydney Dy, Rene Mayo, Angela Ries

Mr. Parker also asked Cathy Hamel and Rene Mayo to advise on satisfaction study issues.

Next Steps:

Staff will follow up with scheduling subcommittee meetings.

Hospitals should copy or forward their CAPC data releases to Rebecca Goldman.